

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1								51	-	1
2							52				
3							53		1		
4							54				
5							55		1		
6							56	1			
7							57	1			
8							58		1		
9	1						59	1			
10		1					60		1		
11	1						61				
12	1						62				
13		1					63				
14		1					64				
15		1					65				
16		1					66				
17		1					67				
18		1					68				
19		1					69				
20		1					70				
21		1					71				
22		1					72				
23		1					73				
24		1					74				
25		1					75				
26		1					76				
27		1					77				
28		1					78				
29	1						79				
30		1					80				
31		1					81				
32		1					82				
33		1					83				
34		1					84				
35		1					85				
36		1					86				
37		1					87				
38		1					88				
39		1					89				
40	1						90				
41		1					91				
42	1						92				
43		1					93				
44	1						94				
45		1					95				
46	1						96				
47		1					97				
48	1						98				
49		1					99				
50		1					100				
TOTAL IND.							TOTAL IND.	13			
TOTAL DEP.							TOTAL DEP.	47			
TOTAL CLAIMS							TOTAL CLAIMS	60			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS